

**ZONING APPLICATION  
WINNEBAGO COUNTY, IOWA**

No. \_\_\_\_\_, 20\_\_\_\_  
(Date)

APPLICATION IS HEREBY MADE BY: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Site Address) (Phone)

TO: \_\_\_\_\_ BUILD \_\_\_\_\_ ALTER \_\_\_\_\_ OCCUPY BUILDING ON THE FOLLOWING:

QUARTER: \_\_\_\_\_ SECTION: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_ RANGE: \_\_\_\_\_  
OR  
PARCEL NUMBER \_\_\_\_\_

TYPE OR PURPOSE OF IMPROVEMENT PROPOSED: \_\_\_\_\_

PROPOSED DIMENSIONS \_\_\_\_\_

SIZE OF LOT/ACREAGE: \_\_\_\_\_

STRUCTURE WILL SET BACK \_\_\_\_\_ FEET FROM FRONT (RIGHT-OF-WAY) LINE

STRUCTURE WILL BE \_\_\_\_\_ FEET FROM N, S, E, W (Circle direction) SIDE LOT LINE

AND \_\_\_\_\_ FEET FROM N, S, E, W (Circle direction) SIDE LOT LINE

STRUCTURE WILL BE \_\_\_\_\_ FEET FROM REAR LOT LINE

TYPE OF SANITARY DISPOSAL: \_\_\_\_\_

SEPTIC TANK PERMIT NUMBER: \_\_\_\_\_

TYPE OF WORK: \_\_\_\_\_ NEW \_\_\_\_\_ ALTERATION \_\_\_\_\_ ADDITION

NUMBER OF FAMILIES: \_\_\_\_\_ SIZE: \_\_\_\_\_

The undersigned applicant certifies under oath and the penalty of perjury that the following information is true and correct.

\_\_\_\_\_  
(OWNER OR AGENT)

\_\_\_\_\_  
APPROVED DENIED

\_\_\_\_\_  
ADMINISTRATOR  
ZONING COMMISSION

THIS APPLICATION MUST BE ACCOMPANIED BY AN APPLICATION FEE OF TEN DOLLARS (\$10.00) MADE PAYABLE TO THE WINNEBAGO COUNTY TREASURER AND A SKETCH OF THE TRACT OR LOT, INCLUDING THE DIMENSIONS OF SAME. ALSO, DRAW PROPOSED BUILDINGS INDICATING THE SIZE OF THE BUILDINGS, AS WELL AS THE DISTANCES FROM ALL BOUNDARY LINES.

IF APPLICATION IS APPROVED, A ZONING CERTIFICATE WILL BE ISSUED. THE CERTIFICATE WILL EXPIRE TWO (2) YEARS AFTER THE DATE OF ISSUANCE.

NORTH ↑

